

Application and Learner Profile for Active Learning 2023-2024

Please complete in BLOCK CAPITALS

Data Protection: Coventry City Council will only use your personal information in connection with your course. More details about how we use information about you can be found in the full privacy notice - www.coventry.gov.uk/adult-education/adult-education-privacy-notice



Personal Details

Title: First Name: Family Name:

Date of Birth: Age: National Insurance No:

Address: Post Code:

Home Phone No. Emergency Contact Name:

Emergency Contact Tel No: Email:

Name and Address of Support Service/Agency:

..... Contact Tel. No:

Key Worker Name and Tel. No:

How will you travel to/from class: ☐ Route Forward ☐ Public bus ☐ Car ☐ Taxi

Taxi arranged by: Name: Tel:

What course are you applying for?

Learners with complex needs

☐ Two half days (Art and Cooking)

.....

Independent Living Skills

☒ Life Skills

Please tick **three** options:

- | | |
|---|--|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Creative Arts and Crafts | <input type="checkbox"/> Music |
| <input type="checkbox"/> Cultural Studies | <input type="checkbox"/> My World |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> I.T. | |

.....

or Learning for Work

Please tick **one** course:

- | | |
|---|---|
| <input type="checkbox"/> Arts & Craft Design | <input type="checkbox"/> Fabric Craft |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Horticulture |
| <input type="checkbox"/> Creative Crafting
& Upcycling | <input type="checkbox"/> Music and Media |
| | <input type="checkbox"/> The Destination
Station |

Your support needs

Will someone be coming with you to support you in the class? YES ☐ NO ☐

If yes, Name:

Tel. No:

Will you be attending any other college courses?

YES ☐ NO ☐ If yes, please give details:

.....

Do you have an Education, Health and Care Plan (EHCP)? YES ☐ NO ☐

If yes, please bring a copy with you.

Learning for Work ONLY

Are you doing any work experience, voluntary or paid work? YES ☐ NO ☐

If yes, please tell us when and where

.....

If not, would you like to do any? YES ☐ NO ☐

If yes, doing what?:

Tell us what you can do independently, things you find hard and things you can do with help.

	Yes, I can	No, I can't	I can, with help
Communicate			
Read			
Write			
Tell the time			
Work in groups			
Personal care			

Please note some classes may require you to go online as part of the course.
Please answer the following (delete as appropriate):

I would / would not be able to take part in an online class

I need / do not need support to access classes online

I have access to ICT at home - daily / sometimes / none



What ICT equipment do you have at home?

☐ **Printer** ☐ **Computer** ☐ **iPad/tablet** ☐ **Mobile phone**

My Email address:

Photographs

We regularly use photography to record your achievements on courses and would like to use these photographs in brochures and other promotional material including websites. Please let us know if you would like to have your photograph used.

☐ **YES**, I would like my photograph used in publicity.

☐ **NO**, I would NOT like my photograph used.

Proof of Right to Enrol:

You must meet the eligibility requirements for this course.

If you have not lived in the UK for the last 3 years please call **024 7697 5200** and we will advise you on what you need to bring to your interview.

We will need to see your:

- **Passport or birth certificate**
- **Certificates**
- **EHCP**
- **Proof of benefits and other income that you have** (ESA, JSA, WRAG, Universal Credit and any other means tested benefit).

I certify that the above information is accurate and complete. I will notify the Adult Education Service in writing if there are any changes and if I enrol on any other courses.

Signature:..... Date:.....

Please note that we provide limited supervision during lunchtime.